

surrogate-rated quality of communication, and intervention feasibility and acceptability.

Results. Between November 6, 2018 and February 18, 2020, we enrolled 150 patients (median age, 61, interquartile range 16; 44% female). Compared to the control group ($n = 75$), the cumulative incidence of EHR-documented goals-of-care discussions between randomization and hospital discharge was higher in the intervention group (21% vs. 8%, $p = 0.04$). Patient- or surrogate-reported goals-of-care discussions did not differ significantly between groups (45% vs. 55%, $p = 0.38$), although the consistency of patient and surrogate reports was poor. Patient- or surrogate-rated quality of communication did not differ significantly between groups. The intervention was feasible and acceptable to patients, surrogates, and clinicians.

Conclusion(s). In this randomized trial, a patient- and clinician-facing communication priming intervention for seriously ill, hospitalized patients promoted EHR-documented goals-of-care discussions prior to discharge with good feasibility and acceptability.

Impact. Communication-priming interventions should be reexamined in a larger randomized trial to determine their effectiveness in the inpatient setting.

Longitudinal Classification and Trajectories of Documented Goals of Care Among Hospitalized Patients with Serious Illness (RP321)

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Outcomes.

1. Describe a method to identify and classify patients' goals of care (GOCs) from documented conversations in the electronic health record (EHR)

2. Understand the general trend of change in GOCs toward comfort-focused care for a cohort of seriously ill inpatients

Importance. Previous studies assessing patients' goals of care (GOCs) have been limited by reliance on code status or presence of physician orders for life-sustaining treatments. We used a novel framework to classify patients' GOCs from documented conversations in the electronic health record (EHR) and to describe

trajectory of GOCs over time among seriously ill inpatients.

Objective(s). Classify patients' GOCs through review of longitudinal EHR data to describe GOC trajectory among seriously ill inpatients.

Method(s). We randomly selected 109 patients with $\geq 50\%$ predicted 6-month mortality risk admitted to one of three urban hospitals between July 1 and October 31, 2019. Two coders independently reviewed EHR notes from 6 months before through 6 months after admission to identify the most recent documented GOCs prior to admission and all subsequent GOC conversations through 6 months or death. For each GOC conversation, we classified GOCs into one of four categories: comfort-focused care, maintain or improve function, life extension, or unable to determine.

Results. Median age was 70 years (interquartile range [IQR] 63, 79), 49% were women, and 42% were non-White. Median Elixhauser index was 6 (4, 8). Fifty (46%) patients died during the study period. Interrater reliability of GOC classification between coders was substantial ($\kappa = 0.67$). Eighty-five (78%) patients had at least 1 GOC conversation documented. Median number of GOC conversations per patient was 3 (IQR 1, 5). Among the 77 (71%) patients with ≥ 2 documented GOC conversations, 66 (86%) changed goals over time. Among these, 49 (74%) changed to comfort-focused care.

Conclusion(s). Patients' GOCs can be identified and classified from the EHR by trained reviewers. Patients with multiple GOC conversations commonly changed their goals over time to comfort-focused care, probably reflecting selection effects.

Impact. Using the EHR to classify GOCs is an essential step toward systematically promoting goal-concordant care and can facilitate reliable outcome measurement in research studies.

Quality of Life and Depression Symptoms in a Cross-Section of Patients with Advanced Lung Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic (RP322)

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Outcomes.

1. Evaluate the effect of the COVID-19 pandemic on quality of life (QOL) and depression symptoms among patients recently diagnosed with lung cancer

2. Apply the results of these analyses to identify patients with newly diagnosed cancer at risk of worse QOL or psychological symptoms during a pandemic or other major crisis in order to allocate supportive care resources

Importance. Adults with advanced lung cancer commonly experience reduced quality of life (QOL) and psychological symptoms at diagnosis. The COVID-19 pandemic has caused universal distress, but whether it has worsened the experience of patients recently diagnosed with cancer is unclear.

Objective(s). This study evaluates associations between the COVID-19 pandemic and QOL and depression among adults with newly diagnosed advanced lung cancer.

Method(s). We analyzed baseline data from two randomized controlled trials of early palliative care for patients recently diagnosed with advanced lung cancer ($n = 856$) to compare QOL and depression among those who enrolled during the COVID-19 pandemic (March 2020 to January 2021) relative to those enrolled prior to the pandemic (March 2018 to January 2019). We used analysis of covariance with the COVID-19 timeframe as the independent variable and QOL (using the Functional Assessment of Cancer Therapy–General score) and depression (using the Patient Health Questionnaire–9 score) as dependent variables, adjusting for age, gender, relationship status, performance status, lung cancer symptoms, and time since diagnosis. We also tested for an interaction between the COVID-19 timeframe and relationship status.

IV. Results. There was no difference in QOL (adjusted mean difference -1.78 ; $p = 0.137$) or depression (0.06 ; $p = 0.889$) between patients enrolled before COVID-19 relative to those enrolled during COVID-19 in adjusted analyses. Relationship status moderated the effect of the COVID-19 timeframe on QOL; unmarried patients enrolled during the pandemic experienced significantly worse QOL relative to unmarried patients enrolled pre-pandemic (adjusted mean difference: -5.25 ; $p = 0.011$).

V. Conclusion(s). The COVID-19 pandemic did not further reduce QOL or increase depression overall for patients recently diagnosed with lung cancer, which suggests that QOL reflects other factors, such as symptoms, that do not vary with this external crisis. Reduced QOL among unmarried patients points to increased supportive care needs.

VI. Impact. These results emphasize the profound effect of a new diagnosis of cancer on QOL and

highlight the need for psychosocial evaluation and supportive care for all patients.

Testing the What Matters Workbook Among Diverse Patients and Caregivers (RP323)

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Outcomes.

1. Become familiar with the What Matters Workbook and how to use it to engage a patient or caregiver in a serious illness conversation

2. Learn how to evaluate a patient-facing tool using the acceptability, ease-of-use, safety, and usefulness framework

Importance. Ariadne Labs and The Conversation Project created a patient-facing version of the guide, the What Matters to Me Workbook, to help seriously ill patients and their caregivers prepare for a serious illness conversation.

Objective(s). This project aims to test the workbook with a diverse sample of patients with serious illness and their caregivers to ensure it is acceptable, easy to use, safe, and useful.

Method(s). We asked patients and caregivers to complete the workbook and discuss their answers with each other. We used the net promoter score, investigator-authored survey questions, and qualitative analysis of in-depth interviews to assess the four dimensions of acceptability, ease of use, safety, and usefulness, with an eye toward improving the workbook. Because we found volunteer participants to be overwhelmingly White, urban or suburban dwelling, and highly educated, we used purposive sampling to recruit participants from underrepresented and marginalized communities.

Results. 28 subjects participated in an interview, and 23 completed the survey. Quantitative ratings were quite positive, with a net promoter score of 52.2 (56.5% promoters, 4.3% detractors, which is excellent). They rated the workbook as safe (3.83/4), acceptable (3.67/4), easy to use (3.46/4), and useful (3.24/4). Qualitative data revealed that the workbook's usefulness was somewhat limited by many of the participants' extensive prior advance care planning experience. Minority participants noted that although the workbooks' acceptability was very high, that depended on it being introduced in the right way by a trusted person. Participants wanted to make the workbook more